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CONFIRMATION NO. 8472

SERIAL NUMBER 09/764,630	FILING OR 371(c) DATE 01/18/2001 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. L-F / 180DV
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APPLICANTS

James H. Goethel, Cincinnati, OH;
 Robert G. Bergen, West Chester, OH;

** CONTINUING DATA *****

This application is a DIV of 09/245,229 02/05/1999 PAT 6,196,999

w 5/31/06

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>[Signature]</u> Examiner's Signature	<u>[Initials]</u> Initials			

ADDRESS

26875

TITLE

Syringe/plunger coupling

FILING FEE RECEIVED 1410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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